

SPEAKING NOTE

Good afternoon Ladies and gentlemen,

Thank you very much for inviting me here to share my thoughts about alcohol and public health in the EU.

I think I would like to start by highlighting that we share more than just a nationality. I think we share many of the principles relating to responsible consumption of alcohol.

Many people often enjoy a glass or two of their favourite beverage, and that goes without saying.

But what I am interested in, is this: the point at which a harmless level of alcohol consumption for an individual tips over and becomes a cause of harm to individuals, to families and to society - either in the short term, or in the long term.

And, moreover, I am interested in what I can do, as European Commissioner for Health and Consumers, to

support and encourage the European population to stay within healthy limits for drinking.

To a certain extent there is some evidence that the levels of harmful drinking in Malta are lower compared to some other EU countries. Malta is actually one of the few countries of the EU where alcohol consumption seems to be falling. Traditionally, rates of teenage drinking to excess – binge drinking – have been low.

However against this picture I would like to make three clear points before highlighting to you what the EU is doing on alcohol. Firstly, that still around 5% of all deaths in Malta is considered by the World Health Organization to be linked to harmful alcohol consumption.

To my mind, that is a high proportion of all deaths – and it doesn't take into account the ill health and lost productivity aspects of alcohol use.

Of those 5% deaths, some will be alcohol related accidents of young men. The WHO estimates that a quarter of deaths of young men aged 15-29 in the EU relate to alcohol consumption.

Otherwise, these deaths will appear in more people being diagnosed with a number of cancers (such as breast

cancer), liver disease, and cardiovascular disease. In fact, some 60 or so health conditions become more prevalent with higher rates of alcohol consumption.

My second point is that, worryingly, new recent data suggests that patterns of drinking are changing in many countries of the EU, including in Malta. A survey carried out in 2007 – the European School Survey Project on Alcohol and other Drugs – reported that rates of binge drinking are now rising among the young in Malta.

We are seeing similar changed lifestyle patterns in many countries also as far as nutrition and physical activity is concerned. As I sure you are aware, Malta has one the highest rates of obesity in the EU.

The scientific picture seems to point to the idea that some kind of lifestyle transition is taken place. We need to understand why this is happening, and how we reduce the health harm caused, particularly among those who are vulnerable.

Now my third point, before I inform you of our actions on the alcohol front at EU level, is to point out that as ever the scientific picture is changing around us, and our knowledge is deepening about the relationship between our lifestyle and our health status throughout our lives.

We have long known that a sizeable proportion of the population in the EU develop an addiction to alcohol. Looking at addiction rather than drinking levels, it is estimated that 23 million Europeans (5% of men, 1% of women) are dependent on alcohol in any one year.

But of interest to the general consumer, is that scientists have now found that even consumed at relatively low levels, alcohol can cause various cancers in the long term. 50,000 cancer deaths in the EU are thought to be linked to alcohol consumption.

Now unfortunately this isn't something that people want to hear. But my viewpoint is that if this information is available to us: we have a responsibility to try and communicate it to people, and take stronger measures to protect the most vulnerable.

EU level statistics paint a worrying picture. It is estimated that nearly 200,000 deaths in the EU are caused by harmful alcohol consumption each year, as well as considerable ill health around that.

In these times of straightened economic circumstances, we also need to look at the price tag attached. Alcohol related ill

health costs the EU economy an estimated 1.3% of its GDP in treatments and lost productivity.

So with that extended background and rationale behind me, I now come to what we are doing at EU level.

The EU adopted the first EU Alcohol Strategy in 2007. The objective is three fold: firstly to motivate and encourage the EU Member States to implement policies that will reduce harmful levels of consumption across the population: from the unborn child to the elderly.

One of the foundations of the EU Alcohol Strategy is a list of good practice policies to better protect young people from harmful alcohol consumption that the EU Member States agreed among themselves in 2001.

These include raising the minimum age of selling and serving to 18 years. And setting lower levels of legal blood alcohol concentration in young and inexperienced drivers.

Secondly, the Strategy is about encouraging wider stakeholders to take forward actions that can reduce alcohol related harm in the EU. This is based on the perspective that to change something as fundamental as what we eat or drink, we need stronger societal buy-in from actors.

I believe that we cannot rely just on governments and on health professionals – although of course their contribution can be substantial.

To engage stakeholders, the Commission set up the European Alcohol and Health Forum, which brings together businesses and non-governmental organisations.

When joining the Forum, Members commit to taking concrete actions. These actions include those by Pernod Ricard, for example, who have committed to introduce labels onto their products that warn of the risk of drinking during pregnancy.

They also include commitments to implement awareness raising campaigns around drink driving, or to train sellers and servers to equip them to better deal with young people.

Again, I have done my homework, and I can see that your organisation has made strong statements supporting the need for drink driving measures, for measures to combat under age drinking, and that you are strongly against the sponsorship of Open Bars.

The third pillar of the EU Alcohol Strategy is around better monitoring of the situation in the EU. To this end, the Commission has a partnership with the World Health

Organization to create a new European Information System on Alcohol and Health.

For the coming year, the Commission is planning an evaluation of the Alcohol and Health Forum. This will feed into an assessment of progress in the overall EU Alcohol Strategy, which is due to end in 2012.

By then, at latest, we will all need to assess whether we are doing enough to achieve the aims of the strategy, which include reducing underage drinking, reducing injury and death from drink-driving accidents, and reducing harm among adults and in the workplace.

Finally I would just add that a recently published Eurobarometer survey on alcohol found consistent wide support among Europeans for public health policies that contribute towards those aims. For example, a clear majority would welcome further action to inform consumers, such as placing notices on bottles (79% in favour) or on alcohol advertisements (82% in favour) to alert to the risks of alcohol during pregnancy or in traffic.

These are actions that industry actors are in a position to implement quickly. And, in this way, respond to consumers' concerns. Needless to say, as Commissioner for

Consumers, as well as for Health, I can only encourage industry actors in that direction.

Reducing the burden of alcohol-related harm is one of the most important public health challenges in Europe. A lot of work still needs to be done and contributions from all fields of life are welcome.

It's vital that we as a society, acknowledge and act upon, the public health impact of harmful alcohol consumers. Just because we cannot always see the danger, doesn't mean it isn't there.

I hope that you will further engage with this process. I look forward to working with you in the future.

Thank you for your attention.

**End**